

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-07-05.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the injection procedure for sacroiliac joint, radiological examination (CPT code 73542), contrast 300-399 mgs iodine, injection, methylprednisolone acetate, surgical trays, miscellaneous surgical supply, non-invasive ear or pulse oximetry for oxygen saturation, office visit, single injection, radiological examination (CPT code 72020), fluoroscopic guidance for needle placement, lidocaine injection, and epidurography rendered from 2/13/04 through 4/21/04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for dates of service 2/13/04 through 4/21/04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 28th day of February 2005.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

Enclosure: IRO decision



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NOTICE OF INDEPENDENT REVIEW DECISION

Date: February 25, 2005

To The Attention Of: TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:**MDR Tracking #:** M5-05-1356-01**IRO Certificate #:** 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine/Rehabilitation reviewer (who is board certified in physical medicine/rehabilitation and subspecialty board certified in Pain Medicine) and has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Alan B. Hurschman, M.D., Initial evaluation of February 4, 2004 and subsequent follow-up notes/procedure notes up to and including April 21, 2004
- Appeal letters by Dr. Hurschman dated April 28, 2004 and June 28, 2004
- Cynthia L. Smith, M.D., Peer review report dated May 27, 2004
- George N. Armstrong, M.D., Orthopedic IME/dispute resolution report dated September 20, 2004

Submitted by Respondent:

- Cynthia L. Smith, M.D., Peer review report dated May 27, 2004
- George N. Armstrong, M.D., Orthopedic IME/dispute resolution report dated September 20, 2004
- Alan B. Hurschman, M.D., Initial physical medicine report dated February 4, 2004 and subsequent follow-up notes/procedure notes up to and including April 21, 2004
- Appeal letter dated April 28, 2004

Clinical History

This 62 year old male sustained an occupational lower back injury on _____. At that time he was reportedly complaining of acute low back pain with left lower extremity radicular pain. After failure of conservative measures including physical therapy treatment, he underwent a lumbar MRI scan demonstrating an L5-S1 disc protrusion for which he underwent an L5-S1

laminectomy/discectomy by Dr. Richard Hubbard, neurosurgeon. Post-operatively he returned to work; however, he developed a second disc herniation at L4-5 and underwent a second back surgery by Dr. Hubbard six months later. Reportedly, the claimant had improvement of left lower extremity radicular pain; however, his lower back pain remained problematic. His family physician, Dr. Ellis, administered steroid injections of the left hip on three occasions with temporary benefit. The claimant was evaluated and found to have a 21% impairment of the whole person. He subsequently suffered three heart attacks and underwent triple coronary artery bypass grafting times two. He retired in 1997. He came under the care of Dr. Hurschman as of February 4, 2004. Dr. Hurschman performed bilateral sacroiliac joint injections under fluoroscopy and a series of lumbar epidural steroid injections. These services were performed between the period of February 13, 2004 and April 21, 2004.

Requested Service(s)

Injection procedure for sacroiliac joint (27096); radiological examination (73542); contrast 300-399 MGs iodine (A4646); injection, methylprednisolone acetate (J1040); surgical trays (A4550); surgical supply, miscellaneous (A4649); non-invasive ear or pulse oximetry for oxygen saturation (94760); office visit level 1 (99211); injection, single (62311); radiological examination (72020); fluoroscopic guidance for needle placement (76003); lidocaine injection (J2000); epidurography (72275) for dates of service February 13, 2004 to April 21, 2004.

Decision

I agree with the insurance carrier that the above listed disputed services and procedures from the period of February 13, 2004 thru April 21, 2004 are not medically necessary or reasonable.

Rationale/Basis for Decision

Based upon the submitted medical records documentation reviewed, the claimant sustained a discogenic lower back injury on ____, over 8 years ago, and eventually came under the care of Dr. Hurschman for physical medicine management on February 4, 2004. The claimant continues to complain of non-radicular lower back pain for which Dr. Hurschman recommended bilateral sacroiliac joint injections and subsequently lumbar epidural steroid injections. The patient derived subjective benefit from this treatment without documented functional improvement. The disputed services and procedures are, therefore, not medically necessary or reasonable because Dr. Hurschman does not document any progressive objective benefit from the procedures that he is performing during this time period. There is no documented evidence of a residual neurocompressive lesion or documented lower extremity neurologic impairment to medically justify the lumbar epidural steroid injections performed by Dr. Hurschman. Finally, the bilateral sacroiliac joint injections are unrelated to the original 1996 occupational lower back injury which involved L5-S1 and subsequently L4-5 disc herniations. The sacroiliac joint impairment is a non-compensable disease of life problem secondary to the relatively advanced age of the claimant rather than the ____ occupational lower back injury.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 25th day of February 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder